UN EBOLA RESPONSE MPTF
FINAL PROGRAMME[1] NARRATIVE REPORT - *VERSION 1*
DATE: _____

Project Number(s) and Title(s)	Recipient Organization(s)
#6 - Regional Payments Programme for Ebola Response Workers Gateway ID 00092902	**RUNO(s): UNDP** **Project Focal Point:** Name: E-mail:

Strategic Objective & Mission Critical Action(s)	Implementing Partner(s)
SO3 ENSURE essential services MCA 7 – Cash Incentives for workers	UNDP UNMEER UNCDF National Ebola Response Center in Sierra Leone Bank of Sierra Leone as Technical Partner

Location:	Sub-National Coverage Area:
Country or Regional	Full list of countries and/or districts

Programme/Project Cost (US$)		Programme Duration	
Total approved budget as per project proposal document: MPTF[2]: • *by Agency (if applicable)* Agency Contribution • *by Agency (if applicable)*	524,300	Overall Duration *(months)* Project Start Date[3] *(dd.mm.yyyy)*	15 months with three months extension 04 Dec 2014
Government Contribution *(if applicable)*		Originally Projected End Date[4] *(dd.mm.yyyy)* Actual End date[5]*(dd.mm.yyyy)*	31 Dec 2015 31 Mar 2015
Other Contributions (donors) *(if applicable)*		Agency(ies) have operationally closed the programme in its(their) system	Yes No x ☐
TOTAL:	**524,300**	Expected Financial Closure date[6]:	

Programme Assessment/Review/Mid-Term Eval.	Report Submitted By
Evaluation Completed ☐ Yes ☐ No Date: *February 2016*	o Name: Tenzin Keyzom Ngodup o Title: Regional Digital Finance Technical Specialist

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[1] Refers to programmes, joint programmes and projects.
[2] The amount transferred to the Participating UN Organizations – see MPTF Office GATEWAY
[3] The date of the first transfer of funds from the MPTF Office as Administrative Agent. The transfer date is available on the online MPTF Office GATEWAY.
[4] As per approval of the original project document by the Advisory Committee.
[5] If there has been an extension, then the revised, approved end date should be reflected here. If there has been no extension approved, then the current end date is the same as the originally projected end date. The end date is the same as the operational closure date, which is the date when all activities for which a Participating Organization is responsible under an approved project have been completed. As per the MOU, agencies are to notify the MPTF Office when a programme completes its operational activities. Please see MPTF Office Closure Guidelines.
[6] Financial Closure requires the return of unspent funds and the submission of the Certified Final Financial Statement and Report.

Evaluation Report - Attached ☐ Yes ☐ No Date: *dd.mm.yyyy*	o Date of Submission o Participating Organization (Lead): o Email address: Tenzin.Ngodup@uncdf.org
	Signature:
	Report Cleared By
	o Name: (Head of Agency) o Date of Submission o Participating Organization (Lead): o Email address
	Signature:

PROJECT/PROPOSALRESULT MATRIX

Strategic Objective to which the project contributed

MCA 7 [7]Cash Incentive for Workers

Effect Indicators	Geographical Area	Baseline[8] In the exact area of operation	Target[9]	Final Achievements	Means of verification	Responsable Organization(s).
% of registered Ebola workers linked to a payment mechanism	*Guinea, Liberia, and Sierra Leone*		80%	100%	National Payment Database ERW interviews Lack of strikes	UNDP with TA from UNCDF
% of registered Ebola workers fully paid on time	*Guinea, Liberia and Sierra Leone*		70%	100%		

MCA 7 Cash Incentive for Workers						
Effect Indicators	**Geographical Area (where the project directly operated)**	**Target**		**Final Achievements**	**Means of verification**	**Responsable Organization(s)**
Technical programmes at country level fully operational	*Guinea, Liberia and Sierra Leone*	3 country office-led technical programmes no longer require regional technique support				UNDP with TA from UNCDF
Economies of scale (especially with regional contracts with services providers) and standardization for the regional programme maximized	*Guinea, Liberia and Sierra Leone*	All necessary regional service provider contracts and pro bono agreements signed; All country offices fully operational and no longer requiring offsite support				
Interim UNDP support at regional level for information flow, coordination, and convening no longer needed	*Guinea, Liberia and Sierra Leone*	UNMEER/UNDP ME&L, reporting and communication no longer requires dedicated regional resource and can be handled through normal staffing structures; Lessons learned report produced.				

[7] Project can choose to contribute to all MCA or only the one relevant to its purpose.
[8] If data is not available, please explain how it will be collected.
[9] Assuming a ZERO Baseline

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

As the Time Person of the Year Award 2014 recognized, Ebola Response Workers (ERWs) have been the cornerstone of the global response to the Ebola threat. These workers, mostly nationals of the epicenter countries Guinea, Liberia and Sierra Leone, have been at the frontlines: transporting the sick, caring for patients, tracing and monitoring the exposed, attending to the deceased and providing security and coordination at all levels. A number of ERWs were already public employees (health sector workers, hospital staff, or district medical officers) at the outbreak of the crisis. But at the height of the crisis, as causalities mounted, many more joined as part of the emergency response, supporting contact tracing, safe burials and community mobilization, amongst other functions.

UNDP's Payments Program for Ebola Response Workers (PPERW), with technical expertise from UNCDF, was designed to provide technical assistance to Governments in the three countries to ensure timely delivery of incentives to ERWs and to fill gaps where Government capacity was low. In Sierra Leone, the National Ebola Response Center (NERC) was mandated by the Government to establish a parallel system directly managing hazard payments to all workers – salaried and volunteers alike - whereas in Guinea and Liberia, the respective Ministries of Health continued to oversee hazard pay to salaried government health workers. As a result in Sierra Leone, PPERW was responsible for 78% of total ERWs including both Ministry of Health and Sanitation (MOHS) employees and volunteer workers, in Guinea and Liberia, PPERW largely oversaw payments to ERWs that were volunteer workers or were identified as not being covered by existing partners covering roughly 19% of total ERWs.

Number as of March 31, 2015	ERWs Paid under PPERW	Total ERWs in Country*	% of Total	% of Total ERWs registered in PPERW managed Hazard National Payroll (IMS)
Guinea	1,400	23,174	6.04%	N/A
Liberia	1,393	11,000**	12.66%	N/A
Sierra Leone	21,058	27,000	77.99%	100%
Payments managed by other implementing partners but benefiting from PPERW's lead on policy and coordination				
** Estimates provided by PPERW Liberia Team				

In all three countries, PPERW collaborated closely with the Ministries of Health and Ebola Coordination Units to ensure that with smart deployment of existing technologies and private sector partnerships, ERWs had control over their pay, that the right workers got paid the right eligibility amount, and that their payments were delivered on-time.

Background and Situational Evolution

In October 2014, medical evidence indicated an exponential expansion of infections, at the same time differences in pay scales, lack of pay, and miscommunication were triggering threats of strikes and labour disputes across the three ebola-epicentre countries. Despite immense efforts many workers had gone without months without pay as governments struggled to assure basic services and address the outbreak. It was clear that without their work the response could not be successful, and without adequate compensation and pay, these workers could not work.

At the Operational Conference for scaling up the UN system approach to the Ebola response, UNDP stepped forward to lead efforts to ensure that ERWs would be paid fully and on time. This pledge was made as part of the organization's commitment, endorsed by the Executive Board in 2014, to assist member states in the restoration of Core Government Functions in the Immediate Aftermath of Crisis.

This was an enormous task – in Sierra Leone alone, UNDP was working with 14 District Medical Officers, 14 District Coordinators for Ebola Response, and over 1000 Medical Facilities across the country with Ebola Workers moving across districts/centers.

As the World Bank and other partners stepped forward with pledges to cover recurrent costs, UNDP observed that the critical bottleneck lay in the delivery of payments to the 'last mile,' and set about reinforcing existing payment systems – building on national capacities in payroll, the commercial banking sector, emergency employment schemes, NGOs, and volunteers. With programming cycles measured in days and weeks, rather than months, this required that UNDP balance between averting strikes and ensuring fiduciary compliance.

Within three weeks of its commitment, UNDP had set up the Payment of Ebola Workers Programme - investing seed resources to establish information management systems in all three countries, surging staff and technical advisors to the affected countries from UNDP's global network of country officers and partners, and establishing a regional technical unit staffed by the United Nations Capital Development Fund (UNCDF) and UN Mission for Ebola Emergency Response (UNMEER). Where other options were not feasible, UNDP stepped in to make payments.

UNDP's commitment to ensure all payment by 1 December 2014 was achieved despite technical and financial gaps caused by the registration of workers under different payment systems. Within one month, an estimated 70% of ERWs were registered on the information management system.

Strengthening Health Sector Human Resource Planning through Information Management System

The exponential growth of Ebola transmission challenged the traditional model of managing workers. Ebola Virus Disease (EVD) transmission patterns change and flare within hours, with surge support with specific skills required as new transmission chains are identified, or new epicentres discovered in order to contain the spread. The effective workforce, including contact tracers, staff working in ETUs, and burial teams amongst others, was highly mobile, growing at 25% every two weeks, and with 20% turnover in the same time period.

The race to zero depended on these workers' ability to respond within a small window of opportunity. ERWs had to be tracked in real-time and paid the right incentive amounts depending on their work profile. Whilst health systems had received substantial investments prior to the epidemic, none of them had information management systems that could be easily decentralized to track response workers and ensure correct pay based on their roles. Considering the epicenters' context and the digital divide, PPERW sought flexible and adaptable solutions that were 'softer' than traditional hard-ware.

In all three countries, effective coordination was central to this support. UNDP worked with national partners to identify all partners involved in the Ebola response chain, and ensure that they possessed the systems required to identify, track and pay workers on the payment of salaries as well as hazard pay.

In Guinea and Liberia, where regular employees of the Health Sector continued to be paid by Government

systems, PPERW kept track of the volunteer workers, identifying gaps, ie. specific sectors or geographic areas/ ETUs were not being effectively covered and stepping in as last resort to make payments. In Liberia UNDP supported the government to pay all banked healthcare workers (6,809) hazard pay from Oct-Dec 2014, updating lists of contact tracers and ERWs through Microsoft-based solutions, and in the process worked to ensure that non-banked ERWs can be paid through direct cash distributions in April 2015. In Guinea, of the 23,174 Ebola hazard payments beneficiaries, UNDP has supported the harmonization of salary scales across different schemes and worked with World Bank and WHO to establish hazard payments to 1.400 ERWs working for NGOs who were not covered by government schemes.

Sierra Leone took another route, building from scratch a ERW management and payment system, that has increased fraud mitigation through the biometric registration of 100% of ERWs in the country. This system has the following components:

- Core Human Resource Information System – This is primary component on which all data is managed and to which all other components are built into or connects. It forms the central repository of information with business rules determining various system functionalities.
- Open Data Kit Smart-phone Application - This allows remote list management by authorized agents in the field via mobile phones.
- SMS Application – This allows interaction of selected portions of the system via SMS. For example, it enables verification of a mobile phone owner's data by NERC via SMS and sends an SMS notification to NERC after payroll has been processed.
- Biometric (Facial Recognition / Fingerprint Identification) – This helps weed out duplicate registrations by mapping the ERW's biometric information to existing ERW database.

This system facilitated a more streamlined list management, including facilitating the de-duplication of records to ensure that the right workers were paid the right amount. De-duplication is done via machine learning, using mainly a technique called regularized logistic regression. A set of records is supplied to the algorithm, which can then process the information to estimate the probability of that pair of records being duplicates. This helped the system weed out duplicate records, and ensure only fair dues were being e-paid.

Sierra Leone Hazard Pay Fraud Reporting in numbers:

Duplicate Records Removed through Information Management System	*3,054*
Number of Fraudulent Ebola Response Workers Reported to the Anti-Corruption Commission	*150*
Number of Double Dipping Ebola Response Workers Reported to Anti-Corruption Commission	*78*
Medical Centers reported to Anti-Corruption Commission	*3*

The system went beyond processing pay-roll. Data-mined from the system informed analysis and aided decision making during the response shutdown process. For instance, questions such as "which facilities should be shutdown and when?", "what should be the re-purposing requirements and strategy?" could be easily answered by using the analytics generated from the system.
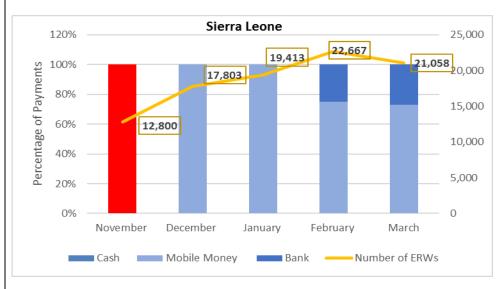
Digitizing Hazard Pay
Across the world, the private sector has built capabilities to manage disbursements using recent advances in technology. Leveraging these insights, UNDP has worked with the private sector in all there countries, with technical assistance from UNCDF, to digitize 93% of total payments for the 23,851 ERWs that it was responsible for under the Payments Program for Ebola Response Workers (PPERW).

Status as of March 31, 2015	*Total ERWs under PPERW*	Direct Cash	Mobile Money	Bank Accounts	Average Monthly Hazard Disbursement
Guinea	1,400	78%	0%	22%	US$ 1.2 million

| Liberia | 1,393 | 43% | 0% | 58% | US$ 1.8 million | |
| Sierra Leone | 21,058 | 0% | 73% | 27% | US$ 4 million | |

In Sierra Leone, when NERC was given the mandate of managing payments to ERWs in November 2014, UNDP noted that in order to reduce unauthorized or incorrect payments, a legacy inherited from the Ministry of Health and Sanitation, it was imperative to leverage the private sector to manage payments. Sierra Leone had the technical capacity, through the consortium of private sector partnership including Mobile Financial Services (MFS) providers Airtel, Africell and Splash Money and the Central Bank, Bank of Sierra Leone (BoSL), representing all commercial banks, to create a solid private sector payment platform able to use mobile and banking solutions across the entire country.

Digitizing 100% payments to ERWs in Sierra Leone highlighted the instantaneous nature of how payments could be delivered in real-time. In Liberia and Guinea, 43% and 22% respectively, payments were made via financially inclusive digital accounts. Bottlenecks such as lack of a digital ecosystem supporting liquidity management and cash-out agents at the last mile have been deterrent factors. For example, in Liberia, the environment for extending the number of cash-out points is not conducive in the short-term for mobile money, and no other alternatives proved adequate, so payments continue to be made in cash with support from Ecobank.

UNDP, with technical expertise from UNCDF, implemented a highly innovative program which combined inclusive finance, public health, and governance expertise. It broke new ground on the use of mobile wallets, cloud computing, and open source information management systems to deliver scale, efficiency and achieve transparency of payments in a crisis. At the same time, this program has demonstrated the ability to adjust to very different country contexts, where different governance arrangements and private sector capacities have driven the availability of payment solutions.

The digital payments and financial inclusion landscape in Guinea, Liberia and Sierra Leone in West Africa region has received significant attention to resolve the hazard payment challenges during the height of the Ebola crisis in November 2014 – March 2015. The PPERW in these three countries successfully demonstrated the benefits of digital payments and the critical role that digital ecosystem can play in fragile states delivering humanitarian assistance efficiently with increased transparency and sustainable development impact. Donors increasingly want to ensure that payments and transfers to the target population are made for maximum impact, and that the shift to digital can unlock other value-add services, such as digital identities, financial services and education, and non-financial services for the poor.

Based on analysis of the developments and the current financial inclusion landscape in Guinea, Liberia and Sierra Leone, the following gaps and opportunities have been identified nationally and at regional-level; these include the need to:
  1. Formulate national financial inclusion and literacy strategies and support in their implementation, focusing on the learning agenda of DFS as the key lever of change;
  2. Strengthen supervisory capacities of regulators in areas of digital financial inclusion, particularly

to effectively supervise and regulate new and shifting risks;

3. Advocate and support interoperability between various players in the digital financial system such that traditional financial institutions serving the poor can transfer benefits of digital transactions to the end-clients;

4. Foster greater integration across and between banking, data and telecommunications solutions that allow for a greater range of products and delivery channels, including shared infrastructure in more remote areas and help reduce cost of access and usage;

5. Develop client-centric and demand-driven financial products and channel that leverage technology to reduce costs and deepen usage;

6. Strengthen consumer protection and support measures which enable market conduct

7. Support robust financial inclusion data measurement systems for evidence based policy/business decision;

8. Strengthen agent networks for last mile delivery of financial services;

9. Support stakeholder coordination, learning exchanges, knowledge generation and dissemination;

10. Institute a monitoring and evaluation framework and periodic impact evaluations of digital financial inclusion initiatives; and

11. Strengthen analysis of the gender impacts at family and community level and of marginalized groups on the introduction of new products and services.

- Gender Markers

    Women represented at least 50% of Ebola Response Workers and were strongly represented in the volunteers category and played equal role at the frontlines to curb EVD.

- Best Practice and Summary Evaluation

PPERW during the EVD response served as proof of concept at two levels.

- Successful mobile payments in Sierra Leone during the EVD crisis serves as proof of concept for linking the evolving digital payment systems work, traditionally led by World Bank, UNCDF and others, to cash transfers for affected communities during crisis. Donors and implementers alike are actively engaging on a 'digitization agenda' that focuses squarely on a shift from cash-based aid payments to e-money, with that emphasis on ways to improve beneficiary targeting and move money in an efficient and, ideally, effective way that supports economic opportunity and resilience through financially inclusive transfers and payments.

    With incredible momentum yet many challenges and questions unanswered, there is a unique opportunity to scope needs and opportunities on the topic of preparedness for and execution of humanitarian response payments, and influence both dialogue and deployment design at the global and local level. While serving its primary goal of streamlining hazard pay, the payment programme in Sierra Leone has unlocked this opportunity.

- Secondly, the Sierra Leone example showcases that governance in Health Systems can be transformed using innovative technology. The crisis presents a unique moment of opportunity to improve human resource tracking, deployment and accountability.